U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

THIENSVILLE WI 53092

7003 3110 0003 3011 8782

Postage	$	$1.65
Certified Fee		$2.65
Return Reciept Fee (Endorsement Required)		$2.15
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$6.45

Postmark Here: SORRENTO VALLEY STA. SAN DIEGO, CA JAN 14 2008 USPS

Sent To Johnson Tool
William G. Johnson
Street, Apt. No.; or PO Box No. 6333 W. Donges Bay Rd.
City, State, ZIP+4 Mequon, WI 53092

PS Form 3800, June 2002 **See Reverse for Instructions**

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Johnson Level & Tool MFG.
William G Johnson
6333 W Donges Bay Rd.
Mequon, WI 53092

4a. Article Number
7003 3110 0003 3011 8782

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 1-17-08

Gar R Luckmann

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

Thank you for using Return Receipt Service.

PS Form **3811,** December 1994 102595-98-B-0229 Domestic Return Receipt